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FEB 24 2005**DATE:** February 24, 2005**PTO IDENTIFIER:** Application Number 09/773257-Conf. #4326
Patent Number**Inventor:** Athanassios TOLIS et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** LAHIVE & COCKFIELD, LLP
Leigh J. Martinson**PHONE:** (617) 227-7400**Attorney Dkt. #:** FBT-002**PAGES (Including Cover Sheet):** 21**CONTENTS:**
Fee Transmittal (1 page, in duplicate)
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Amendment in Response to Non-Final Office Action (14 pages)
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Change of Correspondence Address Form PTO/SB/122 (1 page)
Certificate of Transmittal (1 page)
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PTO/SB/97 (09-04)

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Application No. (if known): 09/773257

Attorney Docket No.: FBT-002

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on February 24, 2005
Date



Signature

Leigh J. Martinson

Typed or printed name of person signing Certificate

50,749

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Amendment Transmittal (1 page)

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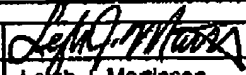
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PTO/SB/n7 (12-04v2)
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Effective on 12/03/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete If Known Application Number 09/773257-Conf. #4326 Filing Date January 31, 2001 First Named Inventor Athanasios TOLIS Examiner Name J. A. Mooneyham Art Unit 3629 Attorney Docket No. FBT-002	
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 450.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description Each claim over 20 (including Reissues)							Small Entity Fee (\$) 25
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims 26		Extra Claims - 26 =		Fee (\$) x		Fee Paid (\$) =	
Indep. Claims 2		Extra Claims - 3 =		Fee (\$) x		Fee Paid (\$) =	
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)							
Total Sheets - 100 =		Extra Sheets /50		Number of each additional 50 or fraction thereof x		Fee (\$) =	
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Order (e.g., late filing surcharge): 1252 Extension for response within second month							450.00

SUBMITTED BY Signature  Name (Print/Type) Leigh J. Martinson		Registration No. 50,749 (Attorney/Agent)	Telephone (617) 227-7400 Date February 24, 2005
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Dated: February 24, 2005

Signature  (Leigh J. Martinson)

PTO/SB/17 (12-04/v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT		(\$)		450.00	
Attorney Docket No.		FBT-002			

Complete if Known

Application Number	09/773257-Conf. #4326
Filing Date	January 31, 2001
First Named Inventor	Athanasios TOLIS
Examiner Name	J. A. Mooneyham
Art Unit	3629

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

26 - 28 = x = =

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

2 - 3 = x = =

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = /50 (round up to a whole number) x = =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00

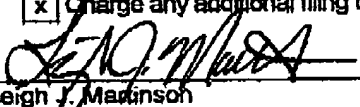

SUBMITTED BY

Signature	<i>Leigh J. Martinson</i>	Registration No. (Attorney/Agent)	50,749	Telephone	(617) 227-7400
Name (Print/Type)	Leigh J. Martinson	Date	February 24, 2005		

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Dated: February 24, 2005

Signature: *Leigh J. Martinson* (Leigh J. Martinson)

AMENDMENT TRANSMITTAL LETTER				Docket No. FBT-002	
Application No. 09/773257-Conf. #4326		Filing Date January 31, 2001		Examiner J. A. Mooneyham	
Art Unit 3629					
Applicant(s): Athanassios TOLIS et al.					
Invention: RESERVATION SYSTEM					
TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	26	- 26 =	0	x	
Independent Claims	2	- 3 =	0	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					450.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					450.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>450.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Leigh J. Martinson Attorney Reg. No.: 50,749				Dated: <u>February 24, 2005</u>	
LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400					
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